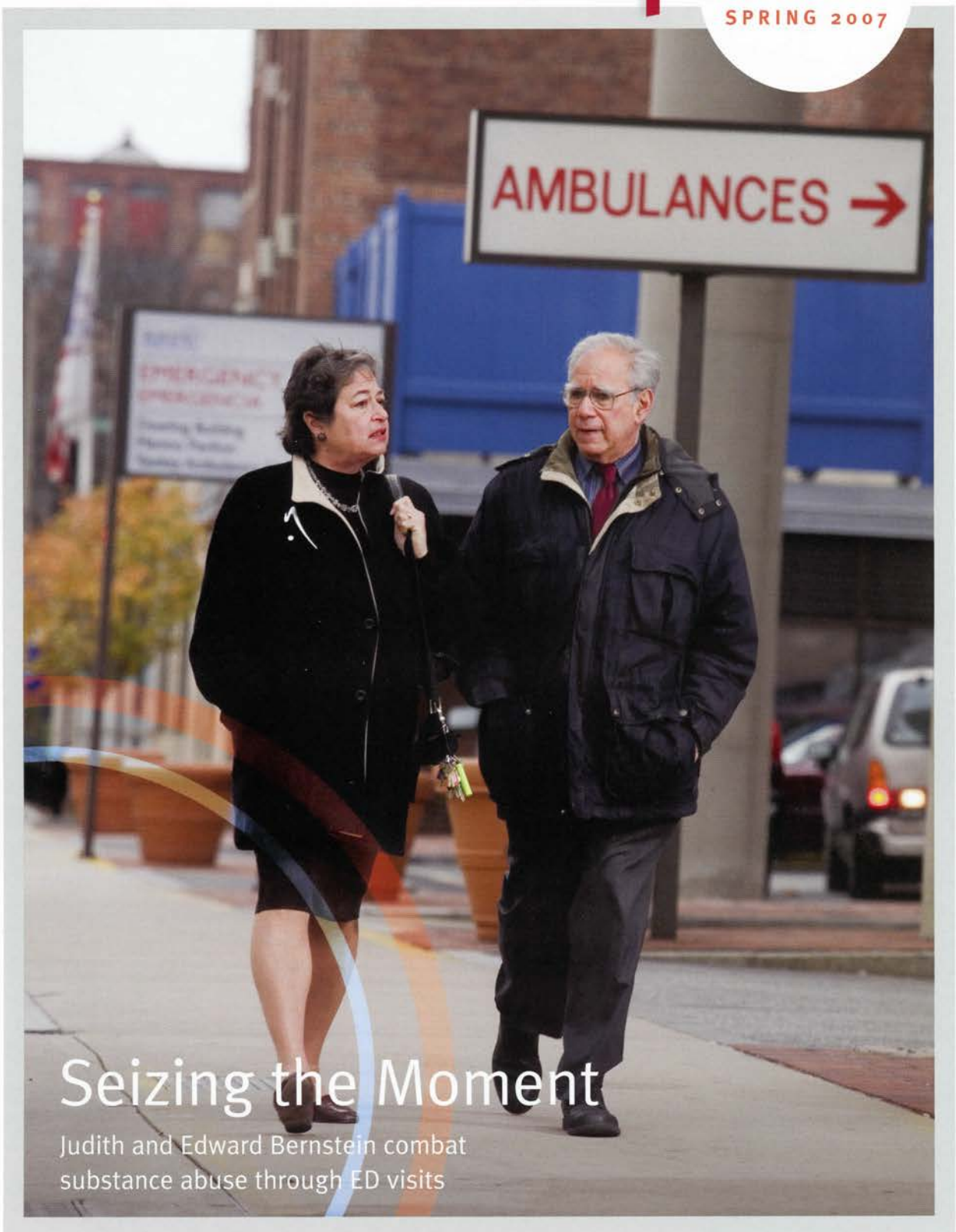
2007

Health SPHere: Spring 2007

health sphere

Boston University
School of Public Health

SPRING 2007



Seizing the Moment

Judith and Edward Bernstein combat substance abuse through ED visits

inside

BOSTON UNIVERSITY SCHOOL OF PUBLIC HEALTH

health sphere

Dean: Robert F. Meenan (MED'72, GSM'89)

Director of Communications and School Relations: Sharon Britton

Publications Manager: Jane Cormuss (GRS'06)

Managing Editor: Jane Cormuss (GRS'06)

Contributing Writers: Chris Berdik, Caroline Louise Cole, Brittany Jasnof

Produced by Boston University Office of Creative Services

Photography: Boston University Photo Services unless otherwise noted; cover photo by Lisa Kessler

0207 100651

:: from the Dean

This past November, Boston was the center of the public health universe when the annual meeting of the American Public Health Association (APHA) drew thousands of practitioners, researchers, and policy makers to the city. It was gratifying for me, as dean, to see how well BUSPH was represented at this gathering. Our faculty, students, and alumni participated in dozens of talks and presentations on a wide range of topics, demonstrating an impressive breadth of expertise and showcasing the School as a powerful force in public health education, research, and practice.

Less visible but equally important was the School's involvement in the concurrent meetings of the Association of Schools of Public Health (ASPH). Representing 38 accredited schools across the country, ASPH promotes the activities and interests of member schools, in part by gathering deans and faculty in committees to share information, discuss trends, and establish practices and policies intended to continuously improve and professionalize the field of academic public health.

When I became dean 14 years ago, Boston University School of Public Health was a minor player in ASPH, perceived as a small school that provided training to working professionals through evening classes. Today, consistent with its growth and programmatic expansion, BUSPH holds a prominent seat at the association's table, leading the group's progress on a number of critical fronts, including discussions of standards for the Doctor of Public Health degree, trends in public health education for undergraduate students, and the initiation of a common electronic application. Personally, I have the privilege of continuing my role as chair of the association's accreditation committee and a second round as chair of the strategic planning committee.

At the November meetings, BUSPH cosponsored two important sessions on the BU Medical Campus for faculty and staff from schools of public health across the country: an all-day session on student services—the first of its kind—and another gathering about the benefits of introducing public health courses to undergraduate education.

The School's APHA/ASPH reception allowed me to meet and speak with many of you, leaving me proud of our role in creating a community of well-trained and exceptionally productive public health professionals. Thank you for everything you do in service of the public's health. Please stay in touch.

Robert F. Meenan, MD, MPH, MBA
Dean

By Caroline Louise Cole
Photography by Lisa Kessler

Seizing the Moment

Judith and Edward Bernstein combat substance abuse through ED visits

Treat 'em and street 'em. For the overburdened emergency department in an urban hospital, it's a bluntly stated approach to patient management geared toward speed and efficiency rather than long-term health goals. Stitch the wound, examine the back pain, medicate the headache, and wheel in the next patient.

But a growing body of evidence suggests that—for substance abusers in particular—a visit to the emergency department offers a rich opportunity to help address and change harmful behavior that threatens patients' health, disrupts their lives, and is often the underlying cause for repeated visits for emergency care.

At Boston Medical Center (BMC), the husband-and-wife team of Edward and Judith Bernstein has been pioneering a simple but effective intervention that employs compassion, skilled listening, and the patient's own desire to change. Screening, Brief Intervention to Referral and Treatment—known as SBIRT—has long been recognized within the field of substance-abuse treatment as a relatively low-cost but effective strategy for promoting healthier behaviors; the Bernsteins have adapted the technique for use in emergency departments.

"In the ten years we have been doing this work, we have found that a guided series of questions—delivered to patients in a nonthreatening, caring manner as part of routine health care—can help patients find the will to break the cycle of alcohol and drug abuse and dependency," says Ed Bernstein, MD, who has been an emergency physician for 32 years. "They are in the emergency department already, so why not take advantage of this moment to really improve their health?"

Dr. Bernstein is a professor of emergency medicine at BU School of Medicine and a professor of social and behavioral sciences at BU School of Public Health. Judith Bernstein, ADN, MSN, PhD, is an associate professor of maternal and child health at BUSPH and associate professor of emergency medicine at BUSM. Together, the couple runs the Brief Negotiated Interview and Appropriate Referral to Treatment (BNI-ART) Institute in affiliation with BUSPH's Youth Alcohol Prevention Center. The institute trains health care professionals in how to screen for and conduct brief negotiated interviews and referrals to treatment. In the past decade, the Bernsteins have used the innovative approach effectively at Boston Medical Center, in the emergency departments of public hospitals in New York City, and at 14 national demonstration sites for the National Institutes of Health.

"What we have done is create a different model for providers who are themselves in a very stressful setting," says Ed. "Even in as little as 15 minutes, people trained in the right approach can ask a series of questions that can help a patient take that next step toward treatment and recovery."

Believing that the Bernsteins' techniques in intervention can effect change in emergency departments across Massachusetts,

Teams of emergency department staff from seven hospitals in the Commonwealth are receiving training in SBIRT techniques with $2.25 million in funding from the Massachusetts Department of Public Health. Here, a session with staff from Children's Hospital is led by Ed Bernstein (at right).

the Bureau of Substance Abuse Services at the Massachusetts Department of Public Health (MDPH) awarded the BNI-ART Institute a three-year, $2.25 million grant ($750,000 a year) to train the staff of seven hospital emergency departments across the Commonwealth.

"Identifying patients who have serious substance-abuse issues in emergency departments and within other health care settings and referring them to appropriate care is not only good for the patient but reduces demand for critical emergency services," noted the Massachusetts Department of Public Health Commissioner Paul Cote in July 2006 when he announced the bureau's award.

The seven hospitals chosen for SBIRT training are Athol Memorial Hospital, Athol; Children's Hospital, Boston; Heywood Hospital, Gardner; Mercy Hospital, Springfield; South Shore Hospital, Weymouth; St. Anne's Hospital, Fall River; and Whidden Hospital, Everett. Chosen among 26 applicant hospitals, these seven facilities were selected based on the strength of their implementation plans and their overall commitment to keeping the program going.

Teams from each hospital spent three days last fall observing the operation of BMC's emergency department and attending training sessions conducted by BNI-ART Institute staff; under the guidance of the institute's educational team, the hospitals are now setting up individual programs in their own facilities. The training provided by the Bernsteins to emergency department staffs—doctors, nurses, and health promotion advocates who are employed as part of the MDPH grant—emphasizes changing the doctor–patient dynamic by putting the patient's own health concerns at the center of the treatment plan.

"Emergency medical training is very focused on doing procedures, saving lives—immediate solutions," Judith explains. "Conducting person-to-person interviews on sensitive subjects is not a simple thing to do, especially for medical professionals because for a person who has been trained to be an expert, it is hard to listen. And the time pressures can make it difficult to have an honest conversation that is clinically meaningful."

By contrast, the SBIRT approach is patient-centered, which means listening for cues rather than forcing treatment. "When a physician says to a patient, 'What is it about the drugs you are using that you like?' the doctor is signaling a willingness to listen because what a patient thinks and feels is important," says Judith. "The brief negotiated interview toolbox makes it easier for doctors and nurses to talk heart-to-heart with patients about changing behaviors that have an adverse effect on health."

Married since 1964, the Bernsteins were working with schools in and around Albuquerque, New Mexico, in the early 1990s when they had a profound insight about how the SBIRT approach could benefit emergency department patients. They developed a program to work with middle-school students from pueblos and rural communities in order to test standard anti-drug and alcohol curriculum against a personal, interactive structured experience. Using nursing and medical students as mentors, the program in New Mexico exposed the middle schoolers to emergency department patients who had problems with alcohol and drugs.

"We watched as these kids interviewed the patients, people from their own communities," recalls Judith. "They showed so much concern for the patients—so much interest in their lives—and spoke to them so much more respectfully than did the staff.

"The brief negotiated interview toolbox makes it easier for doctors and nurses to talk heart-to-heart with patients about changing behaviors that have an adverse effect on health." —Judith Bernstein, MD

We had to ask ourselves, What is missing in the interaction between professionals and patients?"

This insight became the foundation of Project ASSERT, an intervention and treatment program launched by the Bernsteins at Boston Medical Center in 1994. Recently, Ludy Young, a Project ASSERT team member, demonstrated the patient-centered approach when she talked with a man in his mid-40s who had come to the emergency room complaining of an acute stomach ache. While he was waiting to be seen by a doctor, Young introduced herself as a health promotion advocate and asked a few questions to break the ice with the goal of getting him to open up about his health concerns. In a nonjudgmental tone and while making eye contact, she asked the patient how much he drank or what type of drugs he took.

"In our conversation it came out pretty quickly that this gentleman had a serious drinking problem that was bothering him, unrelated to the stomach ache," Young says. After the doctor's examination, Young continued her conversation with the patient, who then confided to her that his drinking had spiraled out of control after his brother had been murdered and his mother had taken ill.

"Once I was sure he was open to the idea of treatment, I offered him a number of options," she says. "He asked to go into treatment that night, and right then and there we found him a detox bed."

In these encounters, health promotion advocates use a one-page medical survey as a guide to begin an open-ended conversation with a patient.

"We might start with 'How about taking a break?'" says Moses Williams, Young's colleague at BMC. "Then we continue with questions that relate more directly to their current health status." To get the patient to focus on his or her own sense of well-being, the health promotion advocates also ask, "In the last month, how often have you felt there is nothing to look forward to?"

Once advocates have worked through the questionnaire, if necessary they will actively help a patient focus on the details of a treatment plan, whether that includes finding a bed in a rehab facility or making a follow-up doctor's appointment. The model also calls for the patient advocate to touch base with the patient four weeks later; in addition, the Project ASSERT team runs a weekly support group and offers help to former patients on a drop-in basis.

Nancy O'Rourke, director of emergency services and acute care at Heywood Hospital in Gardner, said the SBIRT program has the potential to change the entire emergency department atmosphere.

"Before, all we were doing was handing our at-risk patients a piece of paper with some telephone numbers on it," O'Rourke observes. "When options are limited, patients who become hostile and verbally abusive can create an atmosphere that reduces the quality of patient care for everyone else in the emergency department."

So, what are the long-range benefits for patients who undergo SBIRT intervention in the emergency department? A study conducted by the Bernsteins of Project ASSERT patients from 1995–96 revealed a 65-percent reduction in alcohol and drug consumption (and—significantly—their consequences) among patients who had participated in the program. Another study, conducted by the Academic–Emergency Department SBIRT Collaborative (a group of trained practitioners at 14 sites around the country) also showed promising results. Three months after

An interdisciplinary collaboration, the Project ASSERT team includes staff from BUSPH, Boston University School of Medicine, and Boston Medical Center. For more information, visit *www.ed.bmc.org/sbirt/institute.htm.*

intervention, 39 percent of emergency patients who were considered to be at high risk for dependent behavior were drinking within the low-risk guidelines established by the National Institute on Alcohol Abuse and Alcoholism (NIAAA), compared to 19 percent of the control group.

Other studies have shown improvements for drug-dependent patients as well. In a randomized control trial conducted by the Bernsteins among cocaine and heroin users through ASSERT's Project Link that used hair analysis to determine abstinence, 22 percent of cocaine users in the intervention group were abstinent at six months compared to 17 percent of the control group; among heroin users, 40 percent of the intervention group remained abstinent compared to 30 percent of the control group. Following the study's publication, Nora Volkow, MD, director of the National Institute of Drug Abuse, wrote in an NIDA publication, "This type of intervention provides true benefits in reducing cocaine and heroin abuse; it also suggests that peer interventionists can play an important role in busy clinical environments."

The fact that 26 Massachusetts hospitals submitted applications to participate in this first round of recent MDPH funding does not surprise Ed Bernstein, who sees a growing desire among medical professionals to receive this kind of training in a state where the need is acute. Indeed, according to the 2004 National Survey on Drug Use and Health by the Substance Abuse and Mental Health Services Administration, Massachusetts ranks second of 50 states in alcohol use among residents age 12 years old and older. And while an estimated 8 percent of Massachusetts' emergency patients are drug- or alcohol-dependent, 26 percent are estimated to be using substances at levels that put their health at risk. Also, as other statistics suggest, the need for services takes a heavy toll on the medical system: at Springfield's Mercy Hospital, for example, 6.9 percent of emergency visits were substance-abuse related; those patients occupied nearly 20 percent of the hospital's beds.

"We believe there is a natural process of change in people, and when people have a chance to talk about their use of drugs and alcohol, that opens the door to change," says Ed. "You might say that we are giving these patients a prescription for change."::

(Above) Reynaldo Balmes reflects on the experience of working toward consensus with fellow panelists, including, from left to right, Garry Faradijian, Zara Zsido, Martha Manning, and Edward Shaddock.

By Caroline Louise Cole
Photography by Lisa Kessler

Vox Populi and the Promise of Biomonitoring

Consensus conference asks community: *What would you say?*

From the earliest days of the modern environmental health movement, scientists and laypeople have been concerned about human exposure to chemicals in the environment. The well-documented health risks of lead, asbestos, benzene, and carbon monoxide, for example, have generated a wide range of public policy to ensure that our exposure to these substances is limited and monitored, thereby protecting health and lives.

Yet there are thousands of chemicals in the environment and modern science's ability to detect them in the human body is steadily advancing and becoming cheaper, easier, and more precise. Today, we can measure some chemicals in dizzyingly small units of parts-per-trillion and even parts-per-quadrillion. Often, though, our ability to detect chemicals outstrips our understanding of their overall medical significance. Scientists can tell you how much polychlorinated biphenyls (PCBs) is present in your fat tissue, but they can't say for sure what health problems—if any—will result.

So, there's the rub. Biomonitoring—the measurement of chemicals in the body—promises to provide increasingly precise information about the pollution we carry around in our bodies; our so-called *body burden*. Without a clear understanding of what body burden means to our health, should we bother to routinely monitor the population? If we do, what should we do with the results? Who should have access to the information? Who should pay for the testing? What ethical concerns does testing present? How should results be communicated to participants and the public? Moreover, who should have the final say in all this?

These are among the many questions considered by a 14-member panel of Boston-area citizens who last fall participated in the first-ever Boston Consensus Conference on Biomonitoring—cosponsored by the Toxic Action Center and Boston University School of Public Health's Department of Environmental Health—in order to educate and gather informed public opinion on this complicated scientific topic. Because of the technical nature of biomonitoring, the public has had very little opportunity thus far to be involved in the discussion about how and why it should be done, despite profound public policy implications.

Participants of the Boston conference said they were intellectually stretched and emotionally engaged by working toward agreement with one another on the issues and saw the process as a best-practice model for improving decision-making in a democracy.

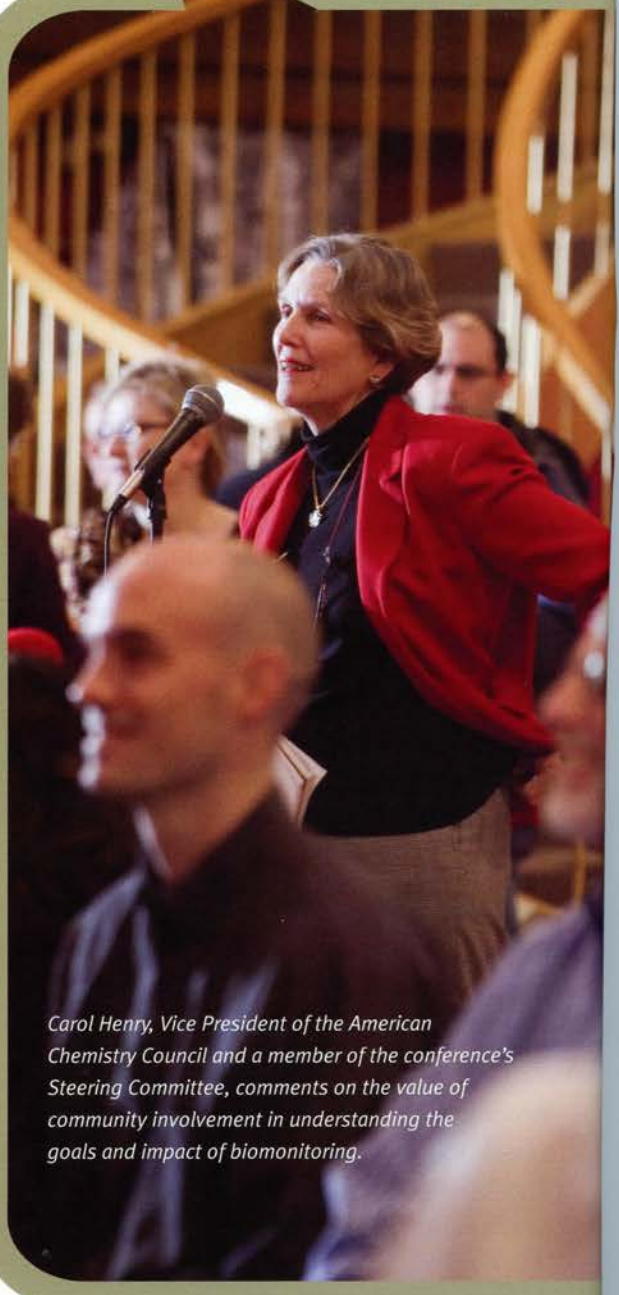
"There are a lot of problems in this world that do not have a clear answer," says Judy Baker, a human resources consultant from Dorchester and a member of the lay panel who volunteered because she was interested in seeing how the consensus process would work. "Reaching a consensus was an exercise in dialogue, which we learned was different from having a discussion. Having gone through the effort to come to a consensus with a group of people I didn't know, I highly recommend it."

Conference panelists were widely recruited in newspaper ads, flyers, and on the Internet bulletin board Craig's List with the simple question, "Measuring Chemicals in People—What Would *You* Say?" They were selected to create a demographically diverse group from Boston neighborhoods and surrounding communities and paid $1,000 to participate in the complete process. Those who took part included a school teacher, a truck driver, an actor, a great-grandmother, a lawyer, and a youth detention center worker.

Novices to begin, each member of the panel spent six days over three weekends reading and learning about the complex issues involved in biomonitoring. With the help of 10 national experts to answer their questions and facilitators to guide their work, the group produced a 10-page consensus statement with recommendations they hope will guide policy making on the subject. The report has already been sent to 200 public health agencies, researchers, advocacy organizations, industry trade groups, and legislative policy makers in New England, across the country, and around the world. It is also posted on the conference Web site at *www.biomonitoring06.org*.

Released on December 11, the consensus statement identifies five priority areas of concern. It calls for educating the general public on biomonitoring issues, establishing responsible biomonitoring surveillance programs, increased attention on ensuring that an individual's biomonitoring results will remain private, and better use of biomonitoring data to influence corporate and government behavior. And while the panel quickly recognized the risk that both individuals and neighborhoods could be stigmatized by the results of biomonitoring, they concluded that "knowing more about chemical exposure ... will allow better public health decisions to be made." Furthermore, they hoped that biomonitoring would stimulate and encourage the growth of more "green companies," which would create new markets and jobs that will promote a healthier environment.

Holding a consensus conference on biomonitoring was the brainchild of two BUSPH doctoral students, Madeleine Kangsen Scammell and Jessica Nelson, MPH, who are working under the guidance of Environmental Health Professor David Ozonoff, MD, MPH, on the final year of a five-year, $900,000 public education grant from the National Institute of Environmental Health



Carol Henry, Vice President of the American Chemistry Council and a member of the conference's Steering Committee, comments on the value of community involvement in understanding the goals and impact of biomonitoring.

Patricia Roche, BUSPH Professor of Health Law, Bioethics, and Human Rights, addressed questions regarding rights to privacy in relation to biomonitoring surveillance.

"...the voice of the public has not been heard and we felt it was important to add this perspective to the discussion."—Jessica Nelson, MPH

Sciences. They were assisted by two other Environmental Health students, Traci Bethea, MPA, and Raphael Adamek.

Tom Webster, DSc, associate professor in the Department of Environmental Health, was also on the BU team, which received guidance and input from a 7-person steering committee of national experts, including George Annas, chair of BUSPH's Department of Health Law, Bioethics, and Human Rights. The steering committee met several times over the course of the project to review educational materials given to the lay panel and to ensure that the information was balanced and not biased toward a particular perspective on biomonitoring.

"There has been a lot of recent debate on this issue and many different groups have weighed in—academics, policymakers, environmental advocates, and industry representatives. But the voice of the public has not been heard and we felt it was important to add this perspective to the discussion," Nelson says.

"Our intention was to educate the lay panel on the science and learn from their responses and opinions. In this sense, the process was mutually educational and incredibly rewarding. We were very inspired by their hard work and ability to grapple with many questions for which there are no right or wrong answers," notes Scammell.

The consensus conference model was originally developed by the Danish government to stimulate broad and informed social debate on complex issues and to ensure public involvement, especially on science and technology policies. The entire process involves assembling a lay panel that reflects the demographics of the population, introducing the subject material through readings and a series of educational seminars conducted by experts in the field, and allowing members of the panel to come to an agreement or consensus based on what they have learned.

Jean Burrelle, a new great-grandmother, said she signed up to participate because she "would do anything" to leave the planet cleaner for her great-granddaughter, Charliz. Indeed, she said that she left the exercise with a new commitment to use fewer household chemicals and to be more conscious of chemical exposure in her own home.

Among the experts who helped panelists sort out their questions were Patricia Roche, PhD, professor of health law, bioethics, and human rights, BUSPH; Roy Petre, who has been involved with the lead surveillance program conducted by the Massachusetts Department of Public Health since its inception; Carol Henry, PhD, DABT, a representative of the American Chemistry Council; and Ted Schettler, MD, MPH, with the advocacy organization the Science and Environmental Health Network. Henry and Schettler were also on the project's steering committee.

Recent landmark efforts on biomonitoring have put the topic in the news, making the BUSPH conference timely, says Ozonoff. In July, the National Academies of Science's (NAS) Committee on Human Biomonitoring for Environmental Toxicants issued a report on current practices and recommendations for the future interpretation and uses of human biomonitoring data; California also recently passed legislation that established America's first statewide biomonitoring program.

"The Boston consensus conference was intended to serve as a model for educating and for seeking public opinion on this very complicated topic. We hope it will lead to other efforts in this area," says Ozonoff. "The process is especially useful in considering how to move forward with technical questions, particularly in instances where there are conflicting consequences to exposure."

Thomas Burke, professor and codirector of the Risk Sciences and Public Policy Institute at the Johns Hopkins Bloomberg School of Public Health and a member of the steering committee, told the panel he was amazed at how much science the panel had grasped in just two and a half months. "I chaired a National Academy panel that didn't do as much work in two years as you did in two months," he said.

Involving the public speaks directly to the mission of the conference's cosponsor, Toxic Action Center, which was established in 1987 to train and empower individuals and communities throughout New England in the skills and strategies needed to clean up pollution. The agency's executive director, Alyssa Schuren, affirms that the center's constituents are the people who participated on the lay panel. "The point is to help ordinary citizens get their voices heard," she says. "The consensus model is a great example of democracy at work: it brings complicated issues to the level of lay people without watering down the objective. The Massachusetts Legislature should adopt this method precisely because it is effective for inspiring grassroots involvement."::

y Caroline Louise Cole

Got Credentials?

Public health moves toward certification

It's the *CPA* after an accountant's name that says she's qualified to do your company's taxes and the *FACEP* designation that tells you the emergency department doctor treating your heart attack is a board-certified fellow of the American College of Emergency Physicians. In addition to an advanced or professional degree, certification is an accepted way of showing competency in a field—mastery of the essential skills and knowledge of the profession. So, what designation sets apart the public health professional?

It may soon be *CPH*—a professional credential that will indicate the holder is "certified in public health." Starting in spring 2008, public health practitioners who hold advanced degrees from accredited schools and programs of public health—as well as students who are about to graduate—will be eligible to take the nation's first public health credentialing examination. The test, intended to evaluate knowledge of both core and cross-cutting public health competencies, is being introduced after nearly two decades of discussion and debate among public health educators on how to standardize training and professionalize the field.

The certification test is being devised and administered by the National Board of Public Health Examiners, an organization established in 2005 by the Association of Schools of Public Health (ASPH) expressly for this purpose. The 23-member board is made up of representatives from organizations such as the ASPH, the American Public Health Association, the Association of State and Territorial Health Officials, the Association of Prevention Teaching and Research, and the National Association of County and City Health Officials. Public health experts such as Gerald Keusch, MD, associate provost for global health on the Boston University Medical Campus and associate dean for global health at BUSPH, will also serve as at-large members.

Bernard D. Goldstein, MD, professor of environmental health at the University of Pittsburgh and former dean of that institution's School of Public Health, serves as the first chairman of the NBPHE. "The intention of the exam is to ensure that anyone who holds a master's or doctoral degree from a nationally accredited school of public health and who also receives a passing score on this new test will be able to claim they are well versed in public health's five core competencies, as well as the seven cross-cutting competencies," says Goldstein.

The five core competencies that will be tested are *biostatistics, environmental health, epidemiology, health policy,* and *social and behavioral health.* The seven cross-cutting competencies are *communications and informatics, diversity and culture, leadership, public health biology, professionalism, program planning,* and *systems thinking.*

Those involved in the launch of the credential believe it will help establish educational standards in the field. "Although accredited schools of public health offer similar curricula, what you learn on a course-by-course basis can vary widely," says Kristine Gebbie, DrPH, RN, director of the doctor of nursing science program at



Left to right:
Leonard Glantz
Bernard D. Goldstein
Sally Deane (MPH'88)

Columbia University and a member of the testing panel. "I think credentialing will give a sense of overall competency and professionalism to the field of public health."

While recent graduates are those most likely to be interested in obtaining the credential, Sally Deane, who earned her master's degree at BUSPH in 1988, views participation as a way to raise the profile of the profession. "This is an essential next step for a profession that has been emerging since World War II. Initially, it was physicians and nurses who already had an advanced professional degree who wanted to pursue their master's degree in public health. Today, many people who receive degrees in public health do not have any additional professional qualifications. The *CPH* designation is necessary if the public is to take the profession seriously. We are the only major health-related profession without our own credential," observes Deane. "I am planning to take the test to show my support for credentialing."

Not everyone is sold on the idea, however. Leonard Glantz, JD, associate dean for academic affairs at BUSPH, believes that the credential is unnecessary and, even worse, exclusionary. "So long as we as a profession are doing a good job of accrediting the schools and programs themselves and are making sure that their curricula meet minimum standards, we don't need to go the additional step of credentialing individual graduates," Glantz states. "The credentialing process is exclusionary. People who are already working effectively in the field—including the current commissioner of the Massachusetts Department of Public Health—won't be eligible to take it," says Glantz, who, himself, does not qualify because his advanced degree is in law. "I believe strongly that public health as a field should be as inclusive as possible. That involves attracting people with all kinds of skills and experience," he reasons.

NBPHE chair Goldstein, a physician, supports the credentialing movement even though he, too, will be ineligible to take the test. "Those of us who support testing see it as the natural evolution of the public health field from its origins in medicine and other health professions to an independent, professional entity," he notes.

Some proponents believe that eventually, a public health credential will lead to better jobs and higher salaries, particularly as employers and the public at large begin to recognize its value. Glantz disagrees, saying there is no evidence to show that better jobs or higher salaries will follow the introduction of the *CPH*. Furthermore, he says, it will take time and cost money.

Decisions about the test, where it will be given, and how much it will cost are among the details the NBPHE is still working out, says Goldstein. Any graduate of a school or program accredited by the Council on Education for Public Health (CEPH) will be eligible to take the test; the examining board estimates that between 5,000 and 10,000 individuals will likely sign up for the first round. The initial focus will be on recent graduates who haven't yet established a track record in their professions. Goldstein also believes that the credentialing process will encourage the establishment of additional continuing education programs in public health. He expects that individuals who have been away from professional degree programs for the longest periods of time will create a demand for courses that allow them to update their knowledge and skills in order to pass the exam. "Obviously recent graduates are going to have the easiest time passing the test, but over time we anticipate this will spur the growth of continuing education courses, and that will be a good thing for the profession," he notes.

NBPHE has contracted with the National Board of Medical Examiners to help write a valid test. Questions for the exam are being submitted by 28 public health professionals who volunteered to take a test-writing course. The board of health examiners has requested the initial submission of 700 questions; 200 are expected to appear on the test.

"It is not an easy thing to come up with a fair exam for public health because we are so diverse, but our test-item writers are confident that it can be done," says Charles Mahan, MD, the public health examining board's interim president, who is dean emeritus at the University of South Florida's College of Public Health and the former commissioner of health for the state of Florida. ::

APHA at BUSPH

Festive event celebrates public health gathering

The November 2006 meeting of the American Public Health Association drew 13,000 public health professionals to Boston from around the country and the world. Concurrent meetings of the Association of Schools of Public Health also were held in Boston, with programs on the BU Medical Campus for student services professionals and for prospective public health students.

One highlight for members of the BUSPH community and guests came on Sunday evening, when the School hosted its annual alumni reception in the Metcalf Trustee Center on the Charles River Campus.

Photography by Bethany Versoy/V2Visuals

1 *International Health concentrator Merredith Collins, Jenaya Rockman '05, and Alison Brill '06*

2 *Lindsay Dearborn '92, Mary Ellen Keough '80, and former BUSPH admissions and alumni director Barbara St. Onge*

3 *BUSPH Alumni Board member Olayinka Akinola '04, International Health concentrator Jessica Kraft, and Center for International Health and Development Director Jon Simon*

4 *Julie Wisniewski '00, Alumni Director Harriet Brand '94, and BUSPH Dean Bob Meenan*

5 *Emily Borushko '07, Ledia Tabor '07, Epidemiology concentrator Chris Lourenco, Health Policy and Management concentrator Joyce Alancherril, and Jane Seeyven Lee '07*

6 *Health Policy and Management concentrator Stephen Haggerty, Erica Zaken '06, and Jared Kutzin '07*

7 *Professors of Epidemiology Julie Palmer and Ted Colton*

8 *Distinguished Alumni Award winner Anita Palepu '96 with Social and Behavioral Sciences Professor Jeff Samet '92*

By Chris Berdik, for *BU Today*

Big Blue vs. the Scientist

Richard Clapp tangles with IBM

It was the study IBM didn't want anybody to see.

Beginning in 2002, epidemiologist Richard Clapp, professor of environmental health, studied the death records of nearly 32,000 former IBM employees who died between 1969 and 2001

and found elevated rates of several cancers—including cancer of the brain, kidney, and pancreas.

But when Clapp ('89) tried to publish his findings, he fell into a legal tangle with Big Blue that kept the study out of the public eye until October 2006, when it was published by the peer-reviewed online journal *Environmental Health*.

"Mortality was elevated...among workers more likely to be exposed to solvents and other chemical exposures in manufacturing operations," Clapp concludes in the paper. Nevertheless, he emphasizes that his findings make no links between cancer and any particular chemical used by IBM.

The long road to publication stems from the fact that Clapp's research was borne of litigation. He conducted his study while acting as an expert witness for the plaintiffs in one of more than 200 recent lawsuits filed against IBM by people claiming they were poisoned by carcinogenic chemicals used in the company's manufacturing facilities. Clapp received his data—employee mortality records and work histories from IBM—through pretrial court orders.

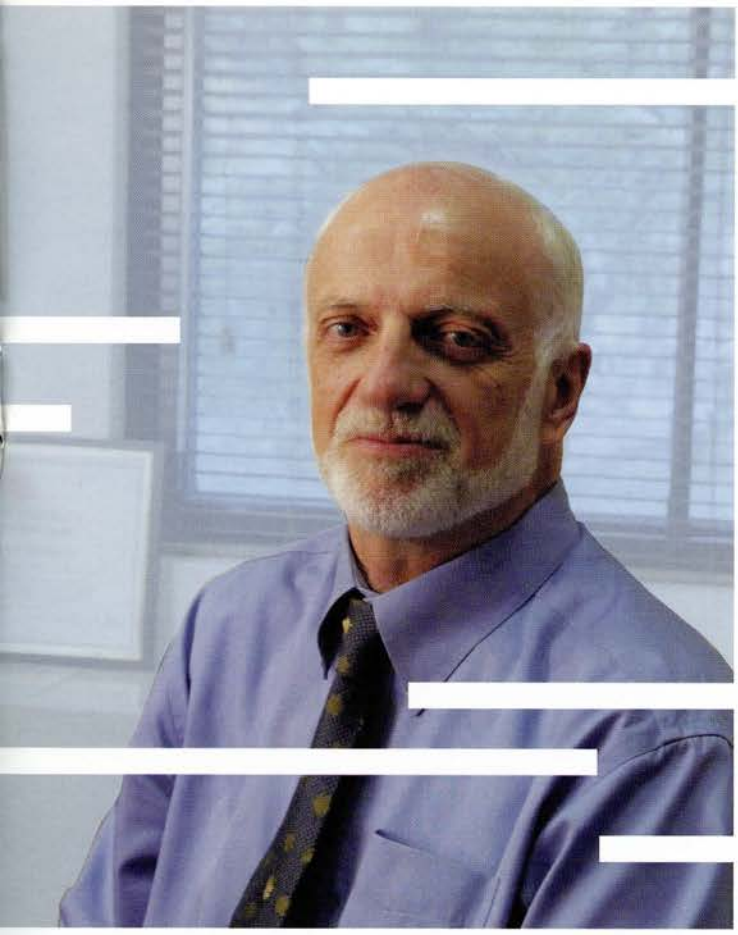
Although Clapp testified over two days and was deposed by IBM lawyers about his findings, the judge did not allow the study to be introduced as evidence, ruling that Clapp's report was irrelevant to the plaintiffs' case because it didn't provide evidence that any particular chemical was causing cancer. In February 2004 a jury found in favor of IBM.

Even before the verdict, Clapp decided to try and publish his research on IBM and submitted his study to the guest editor of *Clinics in Occupational and Environmental Medicine* for a special issue on the electronics industry.

But the journal's publisher, Netherlands-based Elsevier, declined to publish the research. The guest editor, Joseph LaDou, a professor of medicine at the University of California, San Francisco, told Clapp at the time that Elsevier was bowing to pressure from IBM lawyers who warned that publication would violate a court confidentiality agreement. Although both Elsevier and IBM deny that claim, LaDou persuaded the other contributors to boycott the special issue.

"I have no idea what happened [at Elsevier]," says Clapp. "I can imagine somebody in their legal office saying, 'Oh, my God. This is a hot potato. Let's stay away from this.'"

After the *Clinics* brouhaha, Clapp hired a lawyer to advise him on the legality of publishing his work. The lawyer noted that IBM had attached the study to a transcript of Clapp's deposition and filed it with the court clerk, thereby "waiving any right to



Richard Clapp (MPH'98)

confidentiality." Finally, the judge in another suit against IBM in which Clapp had been approached to be a witness (the case settled pretrial) ruled that there was no legal bar to publication of the research, and Clapp submitted the study to *Environmental Health*.

According to IBM spokesperson Chris Andrews, Clapp's research is "not credible," because it drew on an "incomplete [human resources] database [that] did not contain information that could be used to draw scientifically valid conclusions.

"The fact that a judge decided to allow this study to be published does not change our position on it," says Andrews. "It is and was a litigation-driven study and was not conducted for any purpose other than to support litigation, which has long since concluded."

Clapp disagrees. "The whole point of these studies is to see if there are illnesses that could be prevented," he says. "It's about workers' health."

Although Clapp has served as an expert witness in other court cases, he says this is the first time he's faced pressure to keep his research under wraps. The demands for secrecy about scientific research used in court depend on many factors, according to Michael Baram, a professor at Boston University's School of Law who specializes in environmental and occupational health law.

For instance, evidence and other court records in cases that settle without going to a jury are routinely sealed by the court. While the dockets of cases decided by a jury are generally considered public records, Baram says that well-financed defendants in environmental cases often use pretrial motions to wear down plaintiffs, contesting the validity of all scientific evidence and requesting confidentiality agreements on data and evidence to protect "trade secrets," or even, if working under government contract, "national security."

Plaintiffs' attorneys are often working on a contingency basis, he says, "so the pretrial proceedings become onerous for plaintiffs because so much of their attorneys' time is needed contesting these motions."

IBM and the rest of the semiconductor industry are no strangers to the type of lawsuit that spawned Clapp's study. While the

"The whole point of these studies is to see if there are illnesses that could be prevented," Clapp says. "It's about workers' health."

industry has automated in recent years, allowing machines to do jobs that previously required human hands, hundreds of former employees have recently brought suit against the industry, claiming that the various metals and solvents used in microchip manufacturing had made them sick. Indeed, the claims are so numerous that in 1999 the Semiconductor Industry Association created a Scientific Advisory Committee and has put out a call for researchers to review data on thousands of former semiconductor workers to "determine whether there is an increased risk of cancer related to working in such facilities."

Clapp will not be among those researchers. In addition to his teaching duties, he is currently working on a study of the potential neurological effects of pesticides used in South Africa and on a federally funded project to improve communication between scientists and communities that are part of environmental health studies. Nevertheless, Clapp thinks the health effects of semiconductor manufacturing deserve more investigation. ::

By Chris Berdik, for *BU Today*

A New Prescription for Lesotho

BU professors try to put the "system" in the African nation's health care system

There are only about 90 doctors for the two million people living in Lesotho, a small, landlocked country in southern Africa, where the World Health Organization estimates that nearly one of every four adults, and more than 30 percent of pregnant women, are HIV positive.

And Lesotho's medical problem is not just about numbers. William Bicknell, professor of international health at BUSPH, professor of family medicine at the School of Medicine, and director of the Lesotho–Boston Health Alliance, says it's also about management and lack of training. Administrators in district hospitals may wait for months for the central government's OK for such things as repairing holes in the ceiling or replacing a much-needed doctor or nurse. Donations from aid organizations and the particular needs of a country are often not well matched. Lesotho has no medical school but has trouble luring back native-born doctors trained in other countries, such as South Africa, in part because the country lacks opportunities for additional medical training after medical school.

In early 2006, the collaboration, founded by Bicknell in 2003, was awarded a $195,000 grant from the W. K. Kellogg Foundation. The money, says the BU professor, is essential to the implementation of a five-year plan that will strengthen Lesotho's health care system.

"The hospitals and clinics need help in terms of managing their scarce resources," says Bicknell. "In addition to HIV/AIDS, all the other diseases are still there. They need to give physicians the skills to handle really sick people in a hospital and skills in front-line medicine and trauma care. And because physicians in district hospitals are also usually in charge of them, they need training in things like contracts and budgets."

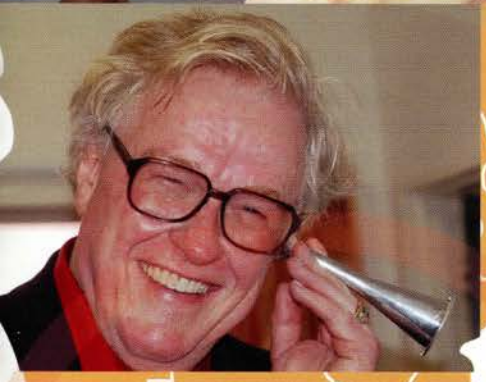
Bicknell, along with his deputy Lauren Babich, senior program manager in BUSPH's Department of International Health; Brian Jack, academic vice-chairman of family medicine for BU School of Medicine; and Mark Allan, faculty director of health-sector management for BU School of Management, went to Lesotho in June 2006 and met with government ministers and health care workers. Together, they drafted a five-year plan to streamline how hospitals are managed and to lay the foundation for clinical training programs.

"It's very challenging to run a health care system when you have so little in terms of resources," says Allan. "There are a lot of outside NGOs that have presences there, but our goal is to make the system work from the inside."

On the managerial side of things, Allan says, the central government should give the district hospitals more autonomy in terms of their budgets, purchases of equipment and medicines, and decisions on hiring new doctors and nurses. "Right now, everything is too centralized. They can do very little without permission from

(Above) Women and children waiting in a rural clinic in Lesotho to see a nurse for postpartum care.

(Bottom) Bill Bicknell demonstrates use of a Laennec stethoscope, which is used in Lesotho to listen to fetal hearts.



the central government," he explains, which creates "constant frustration" for hospital staff.

Plus, more autonomous and efficient hospitals will help the grant's other main objective: getting more doctors and nurses to work in Lesotho, says Larry Culpepper, professor of medicine at BU School of Medicine, as well as chairman of medicine and chairman of the department of family medicine at Boston Medical Center, who participates in the Collaboration and is the grant's official recipient.

While Lesotho sends students abroad for medical training, it has difficulty bringing them back to work in their home country. "There is no real physician clinical training in the country or means to continue their education at a postgraduate level," says Culpepper. "For most students [going to a foreign medical school] is just a way out of the country."

Consequently, Bicknell and his colleagues at BU, in Lesotho, and at the Department of Family Medicine at the University of the Free State in Bloemfontein, South Africa, plan to establish a three-year, family medicine residency program in Lesotho. The first intake of physicians-in-training is scheduled for January 2008. The curriculum will emphasize training in obstetrics; surgical skills, including trauma; and the care of very ill in-patients of all ages, along with aspects of public health and management.

"The country is small enough that there's tremendous potential to have a positive impact on the health care system," says Allan. "It doesn't need to be elaborate. It doesn't need to be fancy. But it has to be tied to people's concrete needs and not abstractions."::

** Sources: U.S. Census Bureau and Lesotho–Boston Health Alliance*

Doctor to patient ratio*

1:22,000

Lesotho: 1 doctor to 22,000 patients

1:376

U.S.A.: 1 doctor to 376 patients

BUSPH Delegation Explores Collaborations in China and South Korea

A delegation of BUSPH faculty and administrators visited faculty and officials at universities in China and South Korea in November to discuss prospects for collaboration and for student and faculty exchanges.

Mark Prashker, BUSPH associate dean of research and institutional development; Lewis Kazis, director of the School's Center for the Assessment of Pharmaceutical Practices (CAPP); and Donald Miller, CAPP research director, met with faculty and officials at Sungkyunkwan University in South Korea and at Peking University in Beijing, China. The journey to China also included visits to Peking University's School of Public Health and to X'Den University in Xian, as well as schools of public health at Fudan and Jiao Tong universities in Shanghai.

"We were very impressed at the extent to which these fine academic institutions received us and expressed their desire and willingness to work with Boston University School of Public Health," Prashker says.

"China is a country with enormous possibilities," he adds. "School officials spoke openly of the challenges facing the Chinese health care delivery system. In particular, they are interested in working on projects in which comparisons can be made, so that each country can learn from the other.

"There are many opportunities for innovative partnership with our counterparts in China and South Korea. While this was clearly a first step for BUSPH, in terms of engaging these institutions, we are very excited about the initiatives discussed," says Prashker. "We are working on concrete proposals for projects that will advance the health and health care delivery of citizens in South Korea and in China."

Faculty and administrators traveled to China and South Korea to explore the potential for collaboration. Pictured (left to right): Austin Lee, BU professor of mathematics (retired); Donald Miller, Health Policy and Management (HPM) associate professor; Qixiang Sun, associate dean, School of Economics at Peking University; Mark Prashker, associate dean of research and institutional development; and HPM Associate Professor Lewis Kazis.

BUSPH Teams with Local Practitioners on Service Delivery, Student Training

The School's Office of Public Health Practice has received funding from the Association of Schools of Public Health/Centers for Disease Control and Prevention for a one-year demonstration project that will develop and foster collaborative partnerships between BUSPH and the 27 local health departments that comprise the Massachusetts Department of Public Health Emergency Preparedness Region 4b.

"In working with BUSPH students and faculty, local health departments will improve the delivery of essential public health services and make valuable contributions to their staffs' professional development," says Associate Dean for Public Health Practice Harold D. Cox. "At the same time, the experience of professionals in the field will inform our educational teaching, research, and service activities, as well as enhance the broader public health education of BUSPH students."

The collaborative project will maintain a regional epidemiology center in Region 4b. Faculty from the School's Department of Epidemiology will provide consultative support and three BUSPH students will be hired by Region 4b to help sustain epidemiologic studies. Additional work will bridge the divide between the practice and academic communities and focus on workforce development, a speakers' bureau and consultant lists, and the improved incorporation of practitioners into the life of BUSPH.

One BU

BU President Calls for Shared Vision of Future

Boston University's Strategic Planning Coordinating Task Force has released a draft of "One BU," a document that envisions the University's future and proposes twelve core commitments and six key priorities as part of a ten-year strategic planning initiative. The Task Force is seeking wide comment from the entire BU community and has established a feedback page on the University's Web site for this purpose: *www.bu.edu/phpbin/strategicreport/index.php?module=login_choice*.

"One BU" recommends that Boston University adopt a new, inclusive, integrated, and interconnected view of Boston University and its overall academic mission; such a culture aims to cultivate constructive debate and creative intellectual engagement at all levels. This will require cooperative work across the University's departments, Colleges, and Schools in order to foster the interdisciplinary study and research by students and faculty that BU President Robert A. Brown is confident will guide the University from prominence to preeminence in the coming decade.

All members of the BUSPH community—faculty, staff, students, and alumni—are encouraged to review the draft and consider its implications for the future of the University. The final planning document will be released in the late spring or early summer of 2007.

news briefs

Faculty Awarded Biosurveillance Research Grant

In the event of a large public health threat from a bioterrorist attack or from the emergence of a pandemic influenza, how would the United States monitor and track the spread of disease? Biostatistics Assistant Professor Al Ozonoff is hoping to help improve the performance of the nation's biosurveillance system and will be conducting research with funding from a two-year grant totaling $688,933 from the Centers for Disease Control and Prevention (CDC).

Currently the CDC is developing a real-time nationwide surveillance system known as BioSense. This system is expected to provide local, state, and national public health officials with a continuous stream of real-time health data accessible to public health officials and registered users of the system. Participating hospitals, the Department of Veterans Affairs (VA), and the Department of Defense health care system will electronically transmit data to the system—housed in the CDC headquarters in Atlanta—regarding patients who seek urgent care. The goal is for the system to provide early warning as well as real-time information on the progress or spread of disease outbreaks.

"The challenge is to monitor different types of health data across all regions of the country without the benefit of knowing the importance of each type of data," explains Ozonoff. "We will be developing a variety of statistical methods to improve the performance of such a system. We will research optimal methodology, evaluate methods on past surveillance data, and then implement the methods for use in a functional, operating surveillance system." As an end result of this project, Ozonoff and colleagues hope to identify promising statistical methods for improving functionality of the BioSense System. They will also implement these methods with open-source software components that can be incorporated into the system or other surveillance systems with similar architecture.

Same Department, New Name

Boston University's Board of Trustees has granted a request from Professor Gary Young, chair of the former Department of Health Services, to change the department's name to **Health Policy and Management**.

Young and members of the department favored the change in name because outside the School, the phrase *health services* is confused with clinical health services, particularly among potential employers of BUSPH graduates. The name Health Policy and Management more accurately reflects the mission of the department and is consistent with the name of similar departments at schools of public health around the country, says Young. The change is expected to improve the visibility and marketability of both the department and BUSPH.

Lopez Keeps Tabs on the Effect of Urban Sprawl

By Brittany Jasnoff, for *BU Today*

Russell Lopez, assistant professor of environmental health, has been appointed to the Health Professionals Task Force of the International Joint Commission (IJC). IJC is an independent binational organization established in 1909 by the Boundary Waters Treaty between the United States and Canada which aims to prevent and resolve disputes regarding the use and quality of U.S.–Canadian boundary waters and related environmental issues.

As one of five American representatives on the task force, Lopez will contribute his knowledge on how built environments—the structure of regions, cities,

Russell Lopez

and neighborhoods—affect the environment along the U.S.–Canadian border.

"When you think about it, the built environment doesn't end at the border," says Lopez. "What happens in the Great Lakes also happens in Toronto." Lopez, whose research interests include environmental justice, urban sprawl, and income inequality, will advise the IJC on how urbanization affects health along the border. He will focus on issues such as the ways urban sprawl is threatening water quality and how highways and other infrastructure can be improved.

Knecht Award Presented to Paal

BUSPH Registrar Christine Paal is the recipient of the 2006 Dzidra Knecht Award for Distinguished Service. In presenting the award, Suzette Levenson, acting associate dean for administration and finance, said that coworkers have described Paal as "unfailing in her quest to ensure that students remain the priority at our School."

First awarded in 2002, the prestigious Knecht Award is annually presented to a member of the staff for sustained contributions to the School. It is named in honor of Dzidra Knecht, retired associate dean for administration and finance.

Recipients' names are inscribed on a silver award tray that is displayed in the Founder's Room; they also receive a pewter bowl and a cash prize.

Past Knecht award winners include Anita King, Marilyn Ricciardelli, Joseph Anzalone, and Joline Durant.

Christine Paal

Keusch Speaks on Global Warming

Gerald T. Keusch, Associate Dean for Global Health at BUSPH and Director of Boston University's Global Health Initiative, delivered the Kleh Family Foundation Distinguished Lecture in November. The lecture was presented as part of BU's International Alumni Programs in London. Keusch spoke on "Surviving Ourselves: Global Warming and Global Health."

class notes

Public Health Concentrators

Sarah Marter ('83) continues her analytic consulting with physicians in Medicare Advantage programs. In addition to her independent practice, Savery Associates, Sarah has launched a business with Laurence Bishoff called Risk Adjustment Partners that helps medical groups with severity-adjusted Medicare premiums. Her daughter is a second-year student at NYU.

Gene Cardarelli ('86) is chief physicist at Rhode Island Hospital, where he has worked since 1993. His position as a medical physicist—a behind-the-scenes person in radiation oncology treatment—involves responsibility for the accurate, safe delivery of radiation to approximately a hundred cancer patients daily. In 2006, he earned his PhD in medical physics from the University of Massachusetts–Lowell, where his research concentrated on the biological models used in estimating radiation damage to cancer cells. Gene has been married to **Laura (LaManna '86)** for 19 years. They have two children, ages 16 and 14.

Environmental Health

Tami Gouveia-Vigeant ('02) is a community health specialist and internship program manager at the Northeast Center for Healthy Communities, where she combines her knowledge of public health and social work. The program is part of the Greater Lawrence Family Health Center and funded through the Massachusetts Department of Public Health Bureau of Substance Abuse Services. Tami provides technical assistance to community coalitions in community health planning and substance abuse prevention.

Epidemiology/Biostatistics

Suzette Levenson ('84), director of BUSPH's Data Coordinating Center, has been named acting associate dean for administration and finance at the School.

Robert R. McLean ('98/'06) has been appointed to the research faculty of Hebrew SeniorLife's Institute for Aging Research (IFAR) in Boston, where he is a specialist in musculoskeletal diseases. Hebrew SeniorLife works to improve the quality of life of seniors through an integrated network of housing, health care, research, and teaching programs. It serves more than 3,000 seniors annually in the greater Boston area.

Jim Daniel ('99) was appointed by Massachusetts Governor Mitt Romney to be the Commonwealth's Department of Public Health information officer and IT director for the Office of Health.

Jo Porter ('02) sends news that she is the proud mother of daughter Jayden. Jo continues to work as manager of clinical programs for Health Dialog Services Corporation, a disease-management firm with offices in Boston and Manchester, New Hampshire.

Rosanna M. Batista ('03) and husband Douglas Selinger welcomed a girl, Ilyana Maribel Selinger-Batista, in June 2006. Rosanna reports that—at first glance—the baby had her mom's eyes and her dad's eyebrows and lips.

Rebecca Kan ('04) started working at Ariad Pharmaceuticals, Inc., in Cambridge, Massachusetts, as a senior clinical trial manager in July 2006.

Epidemiology

Diane U. Jette ('94) was appointed chair of the Department of Rehabilitation and Movement Science at the University of Vermont's College of Nursing and Health Sciences in July 2006. The department incorporates a physical therapy doctoral degree program, an undergraduate athletic training major, and a new exercise and movement science undergraduate program. An active researcher, Diane is interested in the relationship among impairments, function, and disability. She and husband Al have relocated to South Burlington, Vermont.

Alumni Drawing

Six BUSPH alumni won gift certificates to *Amazon.com* in a drawing held last fall to update contact information online. The winners were: Heather Davis ('95), Donna Gulbinas ('81), Tamara Koelle ('03), Doreen Nicastro ('89), Reem Tabbarah Papageorgiou ('99), and Nadia Razaq ('03).

To keep the School's alumni office informed of changes in your whereabouts and activities post-BUSPH, please be sure to visit *sph.bu.edu/alumni_update*.

Health Law, Bioethics, and Human Rights

Larry Vernaglia ('94) has joined Foley & Lardner LLP as a partner in the firm's health care industry team.

Jennifer Fasciano ('02) is at home with her young children, Ella and Bobby, and will have had a third child by the time this class note appears. She keeps up with health law and the world of public health when she can and looks forward to working again in a year or two. For now, her world at home provides yet another perspective on life to add to her education. She would love to hear from classmates at *jfasciano731@yahoo.com*.

Health Policy and Management (formerly Health Services)

Chris Mitchell ('88) writes that, "after too many years in health care policy, long-term care marketing, and consulting," he was a 'retired' stay-home dad for more than six years. He eased his way back to work a few years ago with a school district in the Chicago area (Barrington, Illinois) as the director of a volunteer program and also assumed the administration of a growing community education program with the school district. Although far removed from public health (except for volunteer community work on environmental protection, childhood nutrition, and peace efforts), he credits his time at BUSPH with "building a strong sense of commitment to improving people's lives and working toward peace with justice."

Carla Skinder ('90) won the Democratic primary vote and is now a New Hampshire state representative; she is grateful that her years at BUSPH prepared her for the task. Carla lives in New Hampshire with her husband and 19 animals. She also is a board member of the MSPCA Fondouk Animal Hospital in Morocco.

Christina Saverin ('95) has been appointed senior vice president of Cambridge Health Alliance and executive director of Network Health, a Massachusetts health plan that provides high-quality, accessible health care coverage for nearly 80,000 Massachusetts residents with low and moderate incomes. Christina was named one of *Boston Business Journal*'s "40 Under 40 Up and Comers" of 2005.

Amy Conner ('01) is employed as the senior manager for reimbursement at Digene Corporation, the manufacturer of the only FDA-approved test for human papillomavirus (HPV), the primary cause of cervical cancer. She ensures that public and private payers cover HPV testing for their insured populations. Amy and her husband recently purchased a home in Watertown, Massachusetts, where they live with their young son. She can be reached by e-mail at *aeconner@gmail.com* and looks forward to connecting with fellow alumni.

Silas Patel ('01) writes from Rochester, New York, that he is now married and has a new job at Xerox Global Services as a financial planning and analysis manager.

Alexandra Muenze ('05), formerly with Best Buddies International and BUSPH's Prevention Research Center, is now a program associate with the MetroWest Community Health Care Foundation in Framingham, Massachusetts.

Victoria Nethercot Bohm ('06) is fulfilling her promise to keep her alma mater informed about settling into life in Vancouver with husband Mark. She works at the Vancouver Coastal Health Authority, which manages health care services in the area as well as in some very rural parts of the northern coast of British Columbia. Her work involves developing and implementing a regional strategy for stroke care that meets the needs of patients and at-risk individuals, from primary prevention to palliative care.

International Health

Arden O'Donnell ('02) served as course manager for the BUSPH's Managing Disasters and Complex Humanitarian Emergencies certificate program following graduation. She is currently at Smith College pursuing her MSW degree.

Sera Bonds ('04) is executive director for Circle of Health International, which works to support the empowerment of conflict- and disaster-affected women worldwide.

Carol Karutu ('05) works at IntraHealth International Inc. as a program coordinator for a CDC-funded program in South Sudan. The organization focuses on supporting the Sudan People's Liberation Army as it initiates HIV prevention, testing, and counseling services within the army.

Lili Rossi ('05) has a one-year fellowship focused on HIV and AIDS in Zambia with Catholic Relief Services. Prior to the fellowship, she was a teaching assistant at a middle school in Ashland, Massachusetts.

Mia Ramirez ('06) has moved to Atlanta to become one of 25 fellows in this year's Public Health Prevention Service (PHPS) program, a three-year training and service program for master's-level public health professionals. PHPS focuses on public health program management and provides prevention specialists with experience in planning, implementation, and evaluation through specialized training and mentorship at CDC and state and local health agencies.

Social and Behavioral Sciences

Barbara Epstein ('96) and husband Michael rode in the twenty-seventh annual Pan Mass Challenge (PMC) in August 2006 and raised more than $14,000 for the Jimmy Fund. The PMC—the largest single athletic fundraising event in the country—raised a total of $26 million in 2006.

Has MPH, Does Travel

Joel Boutin ('06) is working in Tanzania as services coordinator for the Mkombozi Centre for Street Children, an organization that helps orphaned and at-risk children. The native of Lawrence, Massachusetts, first visited Tanzania in 2000 while in the Peace Corps; he headed back there after an absence of four years, MPH degree in hand. He says his time at BUSPH taught him "how to direct resources and projects toward longer-term, more sustainable, and community-owned solutions."

Boutin is responsible for coordinating services—including social work, health, food, shelter, and education—offered to several hundred children. In addition, he has also taken on duties as the organization's donor liaison to foundations. For more information about the organization's work, visit *www.mkombozi.org*.

Photograph courtesy of the Lawrence Eagle-Tribune.

Julie Ross ('00), former president of BUSPH's alumni board, is with the Peace Corps in the Dominican Republic, where she works with local leaders and NGOs on the prevention of maternal and infant mortality (especially HIV/AIDS prevention), cancer prevention, and nutrition promotion. She hopes to provide technical assistance and conduct community-based research in injury prevention and traffic safety, areas of expertise in her previous position as a program analyst with the National Highway Traffic Safety Administration.

In Memoriam

The BUSPH community was saddened to learn that **Anna Sanderson '05** (MCH) died on September 22, 2006, from breast cancer. She was a maternity nurse for more than twenty years and held a variety of leadership positions at Newton-Wellesley Hospital. Anna completed BUSPH's nurse-midwifery and Department of Maternal and Child Health Leadership programs.

SAVE THE DATES

Watch your e-mail and check our Web site *(sph.bu.edu/alumni/events)* for details.

"Financial Management 101: Personal Finance for Generation Y" with Certified Financial Planner Alex Tanguay SMG'02
Tuesday, April 17

Tour of Renaissance sculpture exhibit at Museum of Fine Arts, Boston, led by CAS Associate Professor of Art History Jodi Cranston
Wednesday, April 25—also includes wine-tasting at the MFA

Habitat for Humanity Volunteer Day
Saturday, April 28

Boston University
School of Public Health
and
Boston University
School of Law present:

Third Annual Pike Conference

"The Nuremberg Doctors' Trial: 60 Years Later"

Friday, March 30, 2007
8:30 a.m.–5 p.m.
George Sherman Union Auditorium
775 Commonwealth Avenue
Second Floor

Keynote speaker:

Edmund Pellegrino

Senior Fellow, Center for Bioethics and Human Dignity

Presentation of Pike Award to

Jay Katz

For more information, visit
www.bu.edu/law/events/upcoming/index.html

Columbia's Lythcott Joins BUSPH

Ngina Lythcott, MSW, DrPH, former vice dean and dean of students at Columbia University's Mailman School of Public Health, joined the BUSPH community in January as associate dean for students. The new position combines the duties of former Associate Dean of Admissions Arthur Culbert, who retired in August 2006, and those of Associate Dean for Students Gail Douglas, who retired in June 2006.

"At the Mailman School, Ngina strengthened the areas of student services, admissions, and financial aid," says BUSPH Dean Robert F. Meenan. "She also created a very strong career services program. With her leadership, we will manage the essential functions of recruitment, admission, and student affairs—as well as those of the registrar's office and career services—under the direction of one associate dean. The goal is to offer our students an integrated pathway, from application to admission to matriculation to graduation to employment."

Lythcott earned her master's and doctoral degrees in public health at the University of California's School of Public Health, Los Angeles, as well as a master's degree in social work from Smith College and a bachelor's degree in nursing and psychology from Simmons College.

BOSTON UNIVERSITY
SCHOOL of Public Health

Talbot Building
715 Albany Street
Boston, Massachusetts 02118
sph.bu.edu

Nonprofit
U.S. Postage
PAID
Boston MA
Permit No. 1839